



CITY OF CHICAGO
DEPARTMENT OF BUSINESS AFFAIRS
AND CONSUMER PROTECTION
121 N. LaSalle St., Room 805
Chicago, IL 60602
Tel. 312-744-2211
www.chicago.gov/laborstandards

<u>OFFICE USE</u>
Date Received: _____
Processed By: _____
CSR#: _____

OFFICE OF LABOR STANDARDS COMPLAINT FORM

INSTRUCTIONS

- Complete this form to the fullest extent possible
- Sign and date the form
- Upon receipt of the form, the Office of Labor Standards will call upon you for an intake interview to gather further information

COMPLAINT INFORMATION

In what language do you prefer to communicate with us? _____

Business Name: _____

Type of Business: _____

Address: _____
City State Zip Code

Phone Number: _____

What is your complaint about? (check all that apply)

[Minimum Wage](#)

[Fair Workweek \(scheduling\)](#)

[Paid Sick Leave](#)

[Anti-Retaliation \(retaliation related to COVID-19\)](#)

What is your complaint?

PLEASE CONTINUE TO NEXT PAGE
(NEXT PAGE MUST BE COMPLETED AND SIGNED)

COMPLAINANT INFORMATION

First Name: _____ Last Name: _____

Your Phone Number: _____

Your E-Mail Address: _____

What is your job? _____

Are you an independent contractor? _____

How many people work alongside you for your employer? _____

Are you a member of a union? _____

Additional questions for Fair Workweek (scheduling) complaints.

Do you perform most of your work in building services, hotels, healthcare, manufacturing, warehouse services, retail, or restaurants? Yes No

How much do you earn per hour (or in salary)? _____

You may designate an alternate contact in the case that we are unable to reach you.

Alternate Contact Name: _____

Your relationship to the alternate contact: _____

Alternate Contact Phone Number: _____

Alternate Contact E-Mail Address: _____

READ THE FOLLOWING BEFORE SIGNING:



The Department of Business Affairs and Consumer Protection enforces laws governed by the City of Chicago Municipal Code to protect consumers and businesses from unfair and deceptive practices. I understand that if I have any questions regarding this complaint and my legal rights I should contact a private attorney. I affirm that the above stated information is true and accurate to the best of my ability.

Your electronic signature is the same as a handwritten signature for the purposes of legal effect, enforceability, and admissibility.

Signature

Date

PLEASE SUBMIT BY MAIL, E-MAIL, OR FAX:

Mail to: Department of Business Affairs and Consumer Protection (BACP)
Attn: Office of Labor Standards
121 N. LaSalle St., Room 805
Chicago, IL 60602

or
E-mail to: BACPlaborstandards@cityofchicago.org

or
Fax to: 312.743.1841

Note: If you are faxing this form, please include a fax cover sheet

